ANTHRAX VACCINE REQUEST FORM

(MARINE CORPS)

* DENOTES REQUIRED FIELD	
DATE OF REQUEST:	03-May-02
IDENTIFICATION	
NAME OF ITEM REQUESTED	ANTHRAX VACCINE 5ML
NSN	6505013996828
UNIT OF ISSUE	VI
*QUANTITY (# OF VIALS REQUESTED)	

REQUIREMENTS (60 DAY PROJECTION)		
*IMMUNIZATION #1, #2, #3		(# OF DOSES)
IMMUNIZATION #4		(# OF DOSES)
IMMUNIZATION #5		(# OF DOSES)
IMMUNIZATION #6		(# OF DOSES)
ANNUAL BOOSTER		(# OF DOSES)
*TOTAL		(# OF DOSES)

*UN-OPENED VIALS ON HAND ☐   *LOT NUMBER ☐   *EXPIRATION DATE ☐

☐   ☐   ☐

(Enter additional lot numbers, expiration dates, and vials in the comments field below.)   (i.e., 13-Apr-02)

*NUMBER OF TROOPS	(# OF TROOPS)
*REQUIRED DELIVERY DAY OF THE YEAR (JULIAN)	

REQUESTOR INFORMATION	
*UNIT	
*REQUESTOR NAME	
*REQUESTOR PHONE NUMBER (COMM)	
REQUESTOR PHONE NUMBER (DSN)	
*REQUESTOR FAX NUMBER (COMM)	
REQUESTOR FAX NUMBER (DSN)	
UIC	
SHIP TO INFORMATION	

*COMMAND	
*STREET	
STREET	
*CITY	
*STATE / COUNTRY	
*ZIP	

SHIPMENT POC INFORMATION

*SHIPMENT POC	
*POC PHONE NUMBER (COMM)	
POC PHONE NUMBER (DSN)	
POC E-MAIL (REQUIRED FOR OCONUS)	
*ALTERNATE POC	
*ALTERNATE PHONE NUMBER (COMM)	
ALTERNATE PHONE NUMBER (DSN)	
ALTERNATE E-MAIL (REQUIRED FOR OCONUS)	
*POC / ALTERNATE FAX NUMBER (COMM)	
POC / ALTERNATE FAX NUMBER (DSN)	

COMMENTS

Submit Form   Reset Form

EXPERIENCING TECHNICAL DIFFICULTIES? CALL COMM: 301-619-4121 DSN: 343-4121